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CHANGE OF CORRESPONDENCE ADDRESS		Application Number	10/602,536	
<i>Application</i>		Filing Date	June 23, 2003	
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450		First Named Inventor	Galloway	
		Art Unit	1745	
		Examiner Name	Unknown	
		Attorney Docket Number	039592-00110	
Please change the Correspondence Address for the above-identified application to: <input checked="" type="checkbox"/> Customer Number 22204 → <i>Type Customer Number here</i>		Place Customer Number Bar Code Label here		
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I am the:				
<input type="checkbox"/> Applicant/Inventor				
<input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFF 3.73(b) is enclosed. (Form PTO/SB/96).				
<input checked="" type="checkbox"/> Attorney or agent of record.				
<input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____				
Type or Printed Name	Donald L. Bartels, Reg. No. 28,282			
Signature				
Date	September 20, 2005			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input checked="" type="checkbox"/> *Total of 1 form is submitted.				